

Mrs. Emerson

Info. on

Information for Expectant Mothers



METROPOLITAN LIFE INSURANCE COMPANY

HOME OFFICE: NEW YORK

Pacific Coast Head Office: San Francisco

Canadian Head Office: Ottawa



WELLCOME
LIBRARY

General Collections

P

5480

Wellcome Library



22503571612

Information for Expectant Mothers



Copyright 1937

METROPOLITAN LIFE INSURANCE COMPANY

HOME OFFICE: NEW YORK.

Pacific Coast Head Office: San Francisco

Canadian Head Office: Ottawa

CONTENTS



	Page
FOREWORD	5
EARLY SIGNS OF PREGNANCY	7
DURATION OF PREGNANCY	8
IMPORTANCE OF FIRST MEDICAL EXAMINATION	8
MEDICAL AND NURSING SUPERVISION	10
SIMPLE RULES FOR KEEPING WELL DURING PREGNANCY	11
FOOD	11
Food Needs	12
The First Four Months	13
Later Months	14
Overweight	15
Morning Sickness	15
Indigestion or "Heartburn"	16
Constipation	16
EXERCISE	17
Amount	17
Kind	18
FRESH AIR AND SUNLIGHT	19
REST	20
CLEANLINESS	20
Care of the Breasts and Nipples	21
CARE OF THE TEETH	22
CLOTHING FOR THE EXPECTANT MOTHER	23
A HEALTHY MIND	25

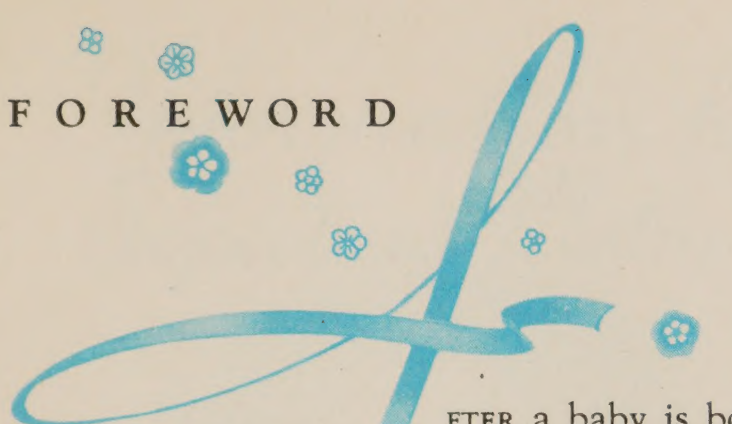
CONTENTS



	Page
COOPERATION OF HUSBAND AND WIFE	26
COMPLICATIONS OF PREGNANCY	27
Toxemia	27
Miscarriage	27
Varicose Veins and Hemorrhoids	28
PREPARATIONS FOR THE BABY	28
Clothing	28
Supplies	30
PREPARATIONS FOR DELIVERY AND POSTNATAL CARE	33
Supplies for Home Delivery	34
Sterilization of Supplies	36
Preparing the Room for Delivery	37
WHAT TO DO WHEN LABOR BEGINS	38
POSTNATAL CARE	39
Care of the Mother	39
Care of the Baby	40
REGISTERING THE BIRTH	41
NURSING THE BABY	41
REMEMBER	43

The Metropolitan Life Insurance Company is appreciative of helpful advice given in the preparation of this booklet by the Children's Bureau of the United States Department of Labor, the Maternity Center Association, and the National Organization for Public Health Nursing.



The page features a decorative header with the title 'FOREWORD' in a serif font. Above the title are several small, stylized blue flowers. A large, elegant blue flourish, resembling a stylized 'F' or a ribbon, sweeps across the page from the left, passing behind the title and extending towards the right.

FOREWORD

AFTER a baby is born both the mother and father spend a good deal of time and thought in planning ways to keep him healthy and safe. This book is about the ways in which parents can help to keep their baby healthy and safe *before* he is born. It also describes various things to do in order to make the time before birth (prenatal period) and the delivery period as comfortable and as safe as possible for the mother and the baby.

A baby's life begins nine months before he comes into the world. His mother's body is his first home. The mother shares with him everything essential to her life and his—food, water, air, sunlight, and sleep. She gives him shelter and warmth.

Nature arranges all this. But nature does not tell the husband and wife all the things they need to know to insure the well-being of the baby and his mother. This information must come to them through the physician of their choice and through the nurse who assists him. In the first physical examination, which should be given early in the prenatal period, the physician will find out what he himself needs to know in order to guide the mother and her baby safely through pregnancy and labor.

This booklet is not intended to take the place of the instruction and personal guidance of a physician. It seeks only to make available in convenient form the information which physicians usually want their patients to have for ready reference.

Information for Expectant Mothers



THE first and most significant sign of pregnancy is missing a monthly period if, in the past, menstruation has always been regular and normal. However, since there are other reasons why menstruation may be delayed, two periods missed in succession is a more definite sign of pregnancy.

Changes in the breasts are a second early sign of pregnancy. At the time of the first missed period the breasts may become a little larger and feel tender to the touch. They may have a stinging or prickly feeling, and the veins on the surface may show as heavy blue lines. The color of the skin about the nipples may also become darker. Such changes are probably due to pregnancy if they have not been experienced before and if they occur in connection with a missed period.

A third sign may be a feeling of nausea, sometimes accompanied by vomiting, which many women experience in the morning during the early months of pregnancy. This is commonly called "morning sickness."

A fourth sign is a desire to pass urine more often than usual, particularly at night. This is usually due to increased pressure on the bladder.

These four signs, taken together, are a strong indication of pregnancy. The appearance of any or all of them means that a physician should be consulted at once. He will be able to give a more definite opinion after he has made a complete physical examination. In the fifth month, and sometimes even earlier, the doctor can hear the baby's heart beat, and locate the baby's head and other parts of his body by an external examination. About this time the mother can usually feel the baby move. This movement is called "the quickening."

Duration of Pregnancy

The usual length of the period of pregnancy is 40 weeks or 280 days. To find the probable date of delivery, count forward nine calendar months from the day on which the last menstruation began and add seven days. For example: The last menstruation began July 7th; counting forward nine months would give April 7th; adding seven days would give April 14th as the probable date of delivery. The exact date upon which the baby will be born cannot be told. There may be a difference of one or two or more weeks either before or after the expected date.

Importance of First Medical Examination

Having a baby is a natural process. A normal, healthy mother has every reason to expect a happy, successful ending to the nine months of waiting for her baby to come into the world. So many things need to be done to prepare for the baby that it is fortunate there is so much time in which to do them.

As soon as a woman thinks she is going to have a baby, the first and most important thing for her and her husband to do is to consult a physician. If the



doctor finds evidence of pregnancy, he will make a thorough physical examination, including tests of urine and blood. (At a later examination, the doctor will measure the pelvis.) One purpose of the blood test is to check on possible anemia. This is a condition that sometimes arises during pregnancy, and the physician may wish to repeat the test at some of the subsequent visits. Another purpose of a blood test may be to make certain that the expectant mother is not, unknown perhaps to herself, infected with syphilis. This test (the Wassermann or similar test) is often given at the beginning of pregnancy, because, if this disease is present and the mother is treated early, the baby can nearly always be saved from the infection.

In addition to the physical examination, the doctor will ask many questions of the husband and wife. With the information they furnish and the findings of the examination to guide him, he will tell the mother how to put herself in the best possible physical condition.

A physician should make the first complete physical examination in order to find out as nearly as possible whether the mother can have a healthy baby without danger to herself. If the mother plans to have a licensed midwife attend her at delivery,

she should be examined by a physician. He will advise her if it is wise to have a midwife care for her. If any condition needs attention, he will start the necessary treatments at once. He will also discuss with her any adjustment in body weight which may be necessary, and tell her how this may be brought about.

Medical and Nursing Supervision

THE PHYSICIAN. Most of the complications and accidents of pregnancy could be prevented if every mother were under the supervision of a competent physician and followed his advice throughout the entire prenatal period. The baby also would have a far better chance of life and health. A physician usually wishes to see an expectant mother about once a month for the first six months of pregnancy, then every two weeks for the next two months, and every week for the last month. The blood pressure is taken, and the urine examined at the time of certain or all of these regular visits.

THE NURSE. In many communities there are public health nurses who can do much to help the mother carry out the physician's instructions. An expectant mother who holds a Metropolitan Industrial or Intermediate policy which has been in force six months, or who is a Group certificate holder, is eligible for maternity nursing service if she lives in a place where this service is available. The Nurse may be notified either by the policyholder, the physician, or the Company Agent. She will visit the mother approximately once a month during pregnancy. The Metropolitan Nurse will be glad to discuss with the mother any of the questions she may wish to ask after reading this booklet.

In some localities expectant mothers who are not policyholders can obtain a similar service through the Visiting Nurse Association or the Department of Health.



Simple Rules for Keeping Well During Pregnancy

Pregnancy is not a disease, although an extra strain is placed on the body during this period. The normal expectant mother should not think of herself as ill. The precautions she takes are necessary because for the time being her body is doing double duty. In order to make possible the normal development and delivery of her child without danger to herself, she must make certain adjustments in her ordinary way of living. But beyond these she should, in general, live the sort of life she has always lived.

The following suggestions in regard to food, exercise, fresh air, sunlight, cleanliness, and clothing are given to help the expectant mother in her efforts to keep healthy.

Food

During pregnancy, the mother nourishes her baby by means of food carried in her blood which passes into the baby's body through the placenta, or after-birth. This nourishment must be supplied to her blood from the food she eats. Otherwise it will be taken from her bones, her teeth, and from other parts of the body. One kind of anemia and the rapid decaying of the teeth which sometimes occur during or following pregnancy are examples of conditions which may arise through lack of the right food.

In addition to protecting the bodies of the mother and baby during the prenatal period, well-selected food will help to provide the mother with an adequate amount of good quality milk during the nursing period.

The foods listed below will meet the mother's and baby's needs.

Milk. One quart daily throughout pregnancy is advisable; at least three quarters of a quart is necessary. This milk may be bottled pasteurized, evaporated, or dried. Use milk as a beverage or in cooked foods, such as cereals, milk soups, desserts, and in milk drinks.

Fruit. Use daily, or at least four or five times weekly: Citrus fruits—such as oranges, grapefruit, tangerines, and lemons—or tomatoes (fresh or canned). In addition, include other fruits—fresh, canned, or dried.

Vegetables. Use daily: Potatoes and one or more leaf vegetables, such as—

Lettuce	Spinach	Tender carrot greens
Broccoli	Kale	Dandelion greens
Escarole	Beet greens	Mustard greens
Cabbage	Parsley	Turnip greens
	Romaine	

Use often: Carrots, turnips, onions, tomatoes, and celery.

Raw fruit and vegetable salads are very desirable.

Examples are:

Coleslaw	Lettuce	Romaine
Spinach-carrot	Chicory	Lettuce-pineapple
Cabbage-carrot	Watercress	Apple-celery
Lettuce-banana	Endive	Lettuce-tomato

Eggs. Use daily, or at least three or four times weekly, unless the doctor advises differently. When eggs are expensive, consult him about substituting liver occasionally.

Cereals and Breads. Include one or both in every meal. For at least two meals use whole grains such as wheat, rye, barley, oats, and wheat-germ cereals.

Meat or Fish. Use once daily (unless the doctor advises that it be omitted or used sparingly). In addition to muscle meats, include such organs as liver and kidney.

Cheese, dried peas, beans, or lentils may be used sometimes in place of meat.

Sweets. Preferably choose from such foods as dried, canned, and fresh fruits, milk, honey, molasses, and simple desserts, such as custards, tapioca, junket, rice or bread pudding, fruit puddings, jellies, ice cream, blancmange, or any plain pudding.

Fluid. Usually the total fluid for the day should equal 2 quarts, including water, milk, fruit juices, soups, cocoa, and other beverages. The doctor may increase or decrease these amounts.

Fish-Liver Oils. Cod-liver oil, halibut-liver oil, or cod-liver oil tablets are desirable foods during pregnancy and the nursing period. Ask your doctor about taking one of them.

The First Four Months. During the first four months of pregnancy the mother needs the same amount of food as she does under normal conditions. If her food selection is already good, the only additions needed are cod-liver oil or one of its substitutes (if the doctor approves) and enough milk to make a daily allowance of 1 quart.

A Sample Menu for One Day

BREAKFAST:

- 1 cup orange juice
- $\frac{3}{4}$ cup farina, dark
- $\frac{1}{2}$ cup top milk

- 1 egg
- 1 slice toast ($\frac{1}{4}$ inch thick)
- $\frac{1}{2}$ tablespoon butter
- 1 cup coffee
- 2 tablespoons cream
- 1 teaspoon sugar

10 A.M.:

- 1 glass milk

LUNCH OR SUPPER:

- 1 cup baked rice and cheese
- Grated carrot and lettuce salad
- 1 slice whole-wheat bread ($\frac{1}{2}$ inch thick)
- $\frac{1}{2}$ tablespoon butter
- 1 baked apple with two tablespoons sugar
- 1 glass milk

DINNER:

- 1 serving creamed liver
- 1 baked potato
- 1 tablespoon butter
- 1 cup kale with butter dressing
- 1 slice bread ($\frac{1}{4}$ inch thick)
- $\frac{1}{2}$ cup chocolate cornstarch pudding with
 $\frac{1}{4}$ cup top milk.

Cod-liver oil (as prescribed by the physician)

Later Months of Pregnancy. The following suggestions are for the mother who is of normal weight and who is moderately active. The doctor will give special instruction to mothers who are overweight or underweight.

Beginning with the fifth month of pregnancy there is need for added amounts of building material due to the rapid growth of the baby which starts at that time. This requires about one fifth more food than at the beginning of pregnancy. The increase should come chiefly from vegetables, fruit, and cereals.

An example of how the amount of food given in the sample menu on pages 13 and 14 may be increased one fifth is as follows:

One extra slice of whole-grain bread and butter at breakfast and at lunch; or whole-grain crackers and butter or cereal added to the midmorning glass of milk.

One serving of fruit for dinner or as a midafternoon lunch.

One extra serving of vegetables with butter.

One extra serving of fruit or vegetable salad with dressing.

Overweight. There is a normal gain in weight during pregnancy. Usually it does not exceed from 15 to 20 pounds. When mothers are overweight at the beginning of pregnancy, or gain too fast, the doctor may advise them to cut down on their food. However, certain foods are important to protect health. The following should be eaten every day, even when reducing, unless the doctor advises against any of them.

1 quart of milk. Skimmed milk or buttermilk may be used as a beverage or in cooking.

One egg.

Citrus fruit or tomato juice.

One other fruit.

A raw salad and at least one green vegetable.

A small serving of potato.

Some butter.

At least one serving of meat or fish.

Fish-liver oil. Usually (particularly if skimmed milk or buttermilk is being used) doctors advise overweight expectant mothers to take one of the fish-liver oil preparations such as cod-liver oil, halibut-liver oil, or cod-liver oil tablets, all of which add very little to the total amount of food.

The daily total of fluid usually recommended is about 2 quarts, including milk, fruit juices, soups, cocoa, water, and other beverages. (The doctor may increase or decrease these amounts.)

Morning Sickness. The feeling of nausea sometimes accompanied by vomiting, which is commonly called morning sickness, usually appears early in pregnancy. Ordinary morning sickness rarely lasts for more than five or six weeks. The physician will prescribe the measures to take to get relief. Eating four or five small meals instead of three large ones often helps. Such foods as dry toast or crackers with

jelly and sweet fruit juices relieve nausea in some instances.

Indigestion or "Heartburn." This difficulty may be a symptom indicating the need of medical care. Frequently it is associated with improper food selection and bad health habits, some of which are:

Eating too much fat, sausages, pork, frankfurters, fried foods, and other foods which the individual finds hard to digest. (Broiled, boiled, or baked foods are easier to digest than fried ones.)

Too many sweets, which may cause fermentation.

Too little water.

Constipation.

Too much food at one time, especially at the evening meal. (Five small meals are sometimes digested better than three large ones, especially in the last two months.)

Insufficiently chewed food.

Dental defects.

Insufficient rest.

Mental disturbances.

If indigestion persists, the physician should be consulted.

Constipation. There are different causes and types of constipation, and the doctor will decide the proper treatment in each case. The plan described below may help to correct the form of constipation which frequently occurs during pregnancy because of too few laxative-producing foods and irregular toilet habits.

One-half hour before breakfast take one glass of water—hot or cold—and one-half to one glass of orange, tomato, prune, or grapefruit juice.

For breakfast, include:

Cooked dried apricots, prunes, or mixed dried fruits.

Cooked whole-grain cereal with milk—oats, wheat, barley, brown rice.

Whole-grain bread—rye or wheat.

Butter.

A beverage, preferably milk or cocoa.



Establish the habit of a bowel movement 15 or 20 minutes after breakfast. Drink at least two glasses of water between breakfast and dinner and between dinner and supper, provided the doctor has not restricted the use of water.

For dinner and supper, include, in addition to other foods:

A green-leaf vegetable, such as,

Spinach

Beet greens

Dandelion greens

Kale

Turnip greens

Collard greens

Escarole

Mustard greens

Tender carrot greens

Butter and salad oils

Baked potatoes (eat skins)

Dried fruits for dessert (especially for supper)

Exercise

Amount of Exercise. The expectant mother should be out of doors for at least two hours every pleasant day. Better appetite, more restful sleep, and a happier frame of mind are usually the reward of hours spent in the fresh air and sunshine. Part of this time in the open air should be spent in exercise. The circulation of the blood, the digestion of food, and the elimination of waste are all improved by exercise. But the woman who has a great deal of housework to do may already have had enough exercise; for her, open windows when at work, and

rest when out of doors, may be preferable. The important things to guard against are fatigue and violent physical effort of any kind.

Kind of Exercise. Walking out of doors is usually a safe form of active exercise for the expectant mother. The length of the walk depends on how quickly she begins to feel tired. Women who are not used to walking should start out with a five-minute walk and increase the period gradually. A leisurely walk away from jostling crowds and not continued beyond the point of fatigue is better than an energetic walk among crowds. Shoes with heels not more than $1\frac{1}{2}$ inches high and with wide toes should be worn when walking, as high-heeled shoes may cause backache or a serious fall. It is best to walk during the sunny hours of a day, as sunlight is necessary for both mother and child. In the summer-time, however, the expectant mother should avoid walking during that period of the day when the sun is hottest.

Less than the usual amount of exercise should be taken each month at the period when menstruation would ordinarily occur, since at this time the danger of losing the baby is greater than at other times. Marking on a calendar the times when the periods would ordinarily have occurred will help the mother to remember them.

As the time of confinement draws near, the mother may tire more quickly than in the preceding months of pregnancy. It may then be necessary to cut down the amount of exercise. She should not, however, cut down on fresh air and sunshine.

What to Avoid. In general, violent exercise of every kind should be avoided. Strenuous sports and heavy housework are apt to reduce strength rather than to increase it. Most husbands are glad to take over household tasks which involve reaching and lifting or pulling heavy articles, when they realize that work of this kind may injure both mother

and child. Running up and down stairs and using a sewing machine which is operated by foot power should be avoided. If there is a young child in the home, the mother should not lift or carry him any more than is absolutely necessary.

Even if a woman is accustomed to play tennis, swim, ride horseback, skate, ride a bicycle, or engage in any other form of strenuous exercise, she should give it up during early pregnancy unless the doctor permits it.

Travel should be avoided as much as possible, especially after the fifth month. If automobile rides are taken, smooth roads should be chosen, and the rides should be short. Long train rides and boat voyages should not be undertaken without first consulting the doctor.

Fresh Air and Sunlight

Not only should the expectant mother spend some time out of doors daily, but she should arrange to have fresh moving air in her living rooms, and she should sleep in a room with the windows open. Temperature, air movement, and the amount of moisture in the air should all be considered in planning the heating and airing of rooms in cold weather. In general, the expectant mother will be more comfortable in air which is not too hot or too dry. Rooms should be comfortable and free of drafts but not so hot as to cause overheating of the body and excessive sweating.

Attention should also be given to temperature in relation to occupation. For example, in working about a room a woman may be comfortable in a temperature which would be too cool if she were sitting still sewing or reading.

Sunlight enables the body to manufacture vitamin D. This vitamin makes it possible for the body to use the materials in food that build bones and teeth. As a new body is being built during the pre-



natal period, sunlight for the expectant mother is especially important. Fish-liver oils which contain vitamin D, such as cod-liver oil or cod-liver oil tablets and halibut-liver oil in liquid or capsule form, are often prescribed by the doctor during pregnancy in order to reinforce the amount of vitamin D produced by the action of sunlight on the skin. The vitamin A which these oils also supply is equally important, since it, too, is effective in promoting the baby's growth and in protecting the health of both mother and baby.

Rest

The expectant mother should have at least eight hours sleep each night. She should also rest frequently during the daytime, especially if she does all her own housework. An afternoon nap of one hour will be very helpful. If she has young children she should plan to take her nap at the same time the children take theirs. If the mother has much housework to do and finds that additional exercise tires her quickly, she should take only a short walk and, when the day is pleasant, spend the remainder of her allotted time in resting out of doors, if this is possible.

Cleanliness

During pregnancy the mother's organs of elimination do double duty, as they must get rid of her own and the baby's wastes. The skin assists the

kidneys in removing body wastes and is especially active during pregnancy. If the pores in the skin become clogged an extra burden is placed on the kidneys. In order to keep the pores open, to remove dirt and dried perspiration, and to keep the skin in good condition, the whole body should be washed with soap and water every day unless the doctor orders otherwise. Brisk rubbing with a rough towel after the bath helps to stimulate the circulation of blood in the skin.

A shower, tub, or sponge bath may be taken, but the water should be neither too hot nor too cold. Some women like to take a cool bath in the morning for the brisk, wide-awake feeling it gives, but for cleansing the body a warm soap-and-water bath is necessary. Therefore, a warm bath should be taken at least two or three times a week even if a cool bath is taken every morning.

The warm bath may be taken at any time during the day. However, in cold weather one hour should elapse before going outdoors after a warm bath, and two hours should have passed after a meal before the bath is taken. Before going to bed is probably the best time for the warm bath, as it is relaxing and helps to promote sleep.

After the seventh month of pregnancy the doctor may wish the mother to take a sponge or shower bath rather than a tub bath. A tub bath should never be taken when labor begins, as germs may enter the birth canal and cause infection.

Care of the Breasts and Nipples. It is the first duty of every mother to nurse her baby, as breast feeding gives the baby the best possible chance of life and health. The breasts and nipples require special attention during pregnancy. At the beginning of the sixth month, if the doctor thinks it advisable, each nipple should be cleansed carefully and gently each day with warm water and pure

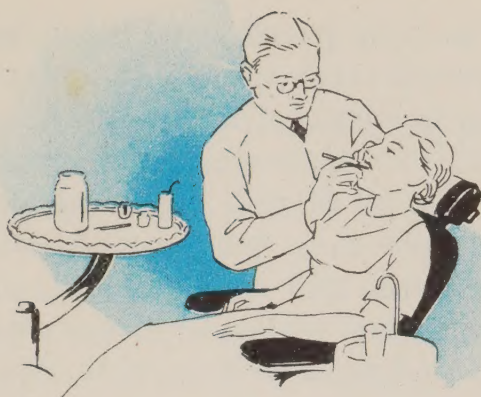
white soap, and absorbent cotton should be used to wash and to dry them. The hands should be washed thoroughly before touching the nipples, and care should be taken to insure the cleanliness of the basin.

Normally during pregnancy a slight secretion oozes from the nipples. This dries and forms scales which, unless they are carefully removed, may make the nipples sore and tender. To soften the scales, the nipples may be anointed with mineral oil. Then the scales will probably be washed away when the nipples are bathed. If this treatment does not remove the crusts, ask the doctor what to do.

If the nipples are flat, or retracted, the physician usually wishes to have them drawn out for a few minutes each day. The doctor will show the mother how to do this, or he may wish the nurse to teach the proper procedure to the mother. *The breasts and nipples should be handled only in giving the special care which is necessary to keep them clean and in good condition.* Clothing should be planned to give the breasts room to develop and to permit free circulation. If the breasts become swollen and tender, or the nipples are hard and cracked, the condition should be reported to the physician, who will prescribe the proper treatment.

Care of the Teeth

Nature puts the baby first. If the food eaten by the expectant mother does not contain enough of the materials which build teeth, these materials will be taken from the mother's body. Ordinarily the teeth are not more likely to decay during pregnancy than at other times if the expectant mother eats the proper food and gives her teeth the proper care. The foods which are essential for good general health are also the foods which help to build teeth. The milk, whole-grain cereals, eggs, fruits, and green-leaf vegetables which promote the mother's health



are the very foods which supply plenty of tooth-building materials. Outdoor sunshine and cod-liver oil help the body to use these materials in building teeth and bones.

As soon as a woman knows she is to have a baby she should visit her dentist. The dentist will give the mother's teeth a thorough cleaning and do whatever temporary repair work is necessary to prevent the loss of teeth which have cavities. But no extractions should be made unless the physician thinks it necessary. Personal care of the mouth and teeth is also very important at this time. The teeth should be cleansed at least twice a day—in the morning and before going to bed. The correct method is to brush the teeth in the direction in which they grow; that is, away from the gums toward the chewing surfaces. The mouth should be thoroughly rinsed after brushing the teeth. A good mouthwash is made by stirring half a teaspoonful of baking soda into a glass of water.

Clothing for the Expectant Mother

In general, the mother's clothes during pregnancy should be light in weight, comfortably warm, attractive, and easy to keep clean. Tight bands anywhere should be avoided, as they may interfere with circulation. Clothes should hang from the shoulders in order to prevent binding at the waistline, and should be loose enough to allow for the increase in size of the abdomen.

Dresses. It is now possible to buy attractive maternity dresses ready made. Patterns to be used in making maternity dresses at home may be purchased from department stores, from mail-order houses, or directly from the pattern company. Dresses that are planned to allow for change in form will save expense and bother. The use of pleats, tucks, or buttons and loops in making the dresses will enable the expectant mother to adapt them later on to the increased size of waist and hips. Wrap-around dresses and slips are easily adjustable.

Underwear. Underwear should be of lightweight, loosely woven fabric in order to make possible the ventilation of the skin. The material (whether cotton, a wool mixture, silk, rayon, or linen) will depend on the climate, the season, and the heating arrangements of the living quarters during cold weather. It is important to wear enough clothing to keep warm and yet to guard against overheating.

Maternity Corsets and Brassieres. If the mother wears a corset, she will probably be comfortable during the early months of pregnancy in the one



she is accustomed to wearing. Later a properly fitted maternity corset or an abdominal support often relieves back strain and prevents fatigue. A correctly fitted brassiere, or breast binder, which supports the breasts but does not flatten them, may also add to the mother's comfort.

In buying brassieres and corsets the mother should choose the models best suited to her size and need for support. The physician may recommend the models he thinks advisable.

Garters. Round garters should not be worn during pregnancy. Side garters may be attached to the corset or abdominal support, or shoulder garters may be worn.

Shoes. The increased weight of the body during pregnancy makes well-fitted, comfortable shoes a necessity. The shoes should be comfortably large and should give good support to arches and ankles. The heels should be moderately low and broad enough to give balance to the body. Heels which are extremely high are dangerous because they may cause the mother to trip and fall, and because they cause an unnatural position of the body. Bad posture may lead to undue fatigue, backache, and pains in the legs.

A Healthy Mind

A confident, contented frame of mind is as important during pregnancy as a healthy body. Indeed, the two depend on each other. The mother and father should both make a real effort to preserve a happy home atmosphere at this time. Worries, fears, and nervousness are much less likely to develop if cheerfulness and peace reign in the household.

The companionship of friends, wholesome amusements and, above all, rest and mild exercise out of doors will help to promote a healthy, cheerful state of mind.

If the mother is under the care of a competent physician and follows his directions, she has no need to worry about her condition. If anything does worry her she should consult her physician rather than neighbors or friends, even though they have had children. Their experience may have been entirely different although the symptoms appear to be the same.

There is a widespread belief that an unborn baby will be "marked" if the mother has a severe shock or fright of any kind. The nervous systems of mother and child are separate, and there is no way in which the influence of the mother's state of mind can produce a physical defect or abnormality in the baby. By making plans to secure the highest degree of mental and physical health for herself, she will be making plans also for the well-being of her child.

Cooperation of Husband and Wife

Husband and wife will have many things to do and to talk over together in making plans for the new baby. It is the husband's duty to see that his wife has a competent medical examination as soon as pregnancy is suspected. He should go with his wife to the doctor, as the doctor will wish to ask questions of him as well as of his wife. During this visit the husband will find out what sort of program the doctor wishes his wife to follow. His help and encouragement will contribute a great deal to the successful carrying out of this program. There are many ways in which the husband can help to make household tasks easier for his wife. He and she together can talk over the family finances and make plans to save the extra money needed for prenatal care and delivery. Gentleness and understanding should not be expected of the husband alone, however. The wife should meet him halfway in his efforts to lighten the strain of this period and to establish the happy home relationships which make possible a pleasant, peaceful household.

Complications of Pregnancy

If the expectant mother is under the constant care of a physician and follows his instructions faithfully, and if she has her urine examined and her blood pressure taken regularly, the probability of serious complications during pregnancy is small.

Toxemia. The waste products of the baby's growing body must be removed through the mother's organs of elimination. If these are not working properly the mother will have difficulty in getting rid of her own as well as the baby's waste products, with the result that they may pile up in the blood stream and cause a toxic, or poisoned, condition called toxemia. Some of the common symptoms of this condition are: serious and prolonged vomiting; repeated severe headaches; dizziness or fainting spells; spots before the eyes; swelling of the face, hands, feet, or legs; and severe pains in the pit of the stomach.

One or even more of these symptoms may not indicate toxemia, but the appearance of any of them should always be reported at once to the doctor. Under competent medical treatment the cause of the trouble may often be removed and serious results avoided.

Miscarriage. The birth of a child before it can live outside the mother's body has a great many possible causes. These include heavy work; strenuous sports which jar the body, such as horseback riding or tennis; and the jolting of an automobile or train. Certain diseases, notably syphilis, and displaced organs or defects in body structure may also cause miscarriage. In many cases it is not possible to discover the cause. Miscarriage usually takes place in the early weeks of pregnancy before the membranes surrounding the growing baby are firmly attached to the uterus (commonly called the womb).

If a woman has had a previous miscarriage she should not fail to see a doctor when she has reason to think she is again pregnant. Complete rest in bed for the first weeks of pregnancy may carry her past the danger point. She should always stay in bed for three or four days at the time each month when her menstrual period would normally occur if she were not pregnant. In case of miscarriage a doctor should be called. A neglected miscarriage may mean loss of health; but a miscarriage properly attended to does not usually have serious results.

IMPORTANT. At any sign of bleeding during pregnancy, the expectant mother should go to bed and send word to her doctor at once.

Varicose Veins and Hemorrhoids. As pregnancy advances, the weight of the uterus pressing on blood vessels in the lower abdomen may cause swelling in the veins of the legs. These swollen veins, which appear as heavy blue lines, are known as varicose veins. They should always be called to the doctor's attention, and he will tell the patient how to get relief. Lying down for an hour morning and afternoon, with the legs raised against a wall at right angles to the body, is sometimes helpful. Swollen veins in the rectum are called hemorrhoids, or piles. The doctor will prescribe the proper treatment if these cause discomfort.

Preparations for the Baby

Clothing

The clothing which a mother makes or buys for her baby to wear during his first six months of life is called the layette. The simpler the layette is the better. In the following list, the articles of clothing which should be ready when the baby comes are marked with a star. The others may be provided later. The minimum quantity only is indicated. A larger supply of some articles may be desirable.

*Three abdominal binders, or straight bands, 6 by 27 inches. These may be made of flannelette (such as canton flannel or outing flannel) with the edges pinked, not hemmed; or knitted binders may be purchased ready made. The binder is the first garment placed on a newborn baby. Its object is to keep the navel dressing in place, and it is worn only for the first few weeks until the navel heals. After that the baby may wear knitted bands with shoulder straps under the shirt if this is customary in the part of the country where he lives.

Three knitted bands with shoulder straps, infant size 2, if these are to be worn.

*Three shirts, coat style, infant size 2.

The knitted bands and shirts may be of cotton and wool or silk and wool. All-wool under-clothing is neither necessary nor healthful.

*Twenty-four diapers, 24 by 24 inches, of cotton birdseye, or flannelette. Twice this number (48) is highly desirable. If the diaper supply is small, constant washing is necessary, and there is danger that the diaper used will not be thoroughly dry.

*A supply of soft old muslin squares to be placed in the diaper to receive the baby's stools during the first week after birth. Special paper inserts for this purpose may be purchased.

A baby's first bowel movement is dark green in color. The movements gradually change in color to brown, and, by the end of the first week, to yellow. The first stools are very hard to wash out of the diapers, and for this reason it is advisable to have on hand diaper inserts of soft cloth or paper which can be burned after using.

*Three flannelette or knitted blankets, 36 inches square.

These are used to protect the baby from drafts or from getting chilled when he is picked up. The

blanket is folded loosely around the baby and may be used in place of cloak and bonnet during the first month.

*Three nightgowns, 27 inches long, of muslin or flannelette according to the season. Knitted nightgowns may be purchased ready made.

Three slips, or gertrudes, about 20 inches long. These may be made of flannelette for warmth, or of muslin to wear with thin dresses.

Three dresses, about 21 inches long, of nainsook or cotton crepe.

The nightgowns, gertrudes, and dresses should open all the way down the back. If made in this way they are readily slipped on and off and are easily washed and ironed. Also they can be separated when the baby is laid down so that they will not get wet and soiled or wrinkled under the baby. They may be shortened and sewed up the back when the baby is older.

One cloak and bonnet to be worn out of doors. The material will depend on the climate and season.

Supplies for the Baby

Toilet Articles. Toilet articles may vary according to individual wishes. The following is a list of the supplies the mother will need in keeping the baby clean and in supplying his wants through the day.

Two soft towels.

Two soft washcloths or squares of soft cotton.

One dozen medium safety pins.

One dozen small safety pins.

One package of sterile absorbent cotton.

Six ounces of mineral oil.

One covered pail, for soiled diapers.

Borax and a mild soap for cleansing diapers.

A toilet tray on which may be assembled for convenience various articles needed at bathing and nursing time. The tray itself may be a large tin cake pan or a box cover. Empty mayonnaise or jelly jars may be used for the various covered jars needed.

The Following Articles Should Be on the Tray:

A covered glass jar containing a day's supply of small cotton swabs to be used in cleansing the baby's nose, ears, and genitals. These are made by twisting cotton on a toothpick and removing before use.

A covered glass jar containing balls of cotton for use in cleansing with oil the baby's buttocks and genitals when the diaper is changed

A covered dish containing a day's supply of mineral oil.

A covered glass jar containing a day's supply of boiled water to be used by the mother in cleansing her nipples before nursing the baby.

A covered glass jar containing a day's supply of cotton swabs twisted on toothpicks for cleansing the nipples. These swabs are left on the toothpicks in order to make it possible to avoid dipping the fingers in the sterile water.

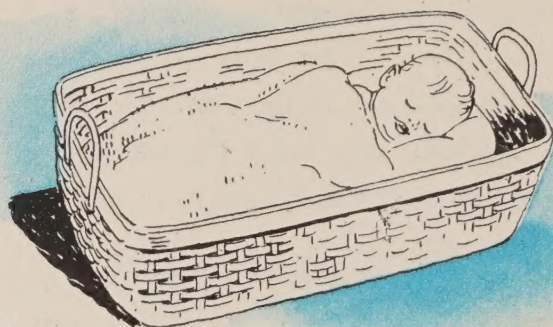
A pint bottle with cork for the day's supply of drinking water for the baby.

A nursing bottle for giving the baby his water.

A covered glass jar containing rubber nipples and bottle caps for the nursing bottle.

A flat covered dish containing a cake of pure white soap.

A cake of soap to be used as a pincushion for safety pins.



A paper bag or newspaper cornucopia for used cotton and other wastes.

Other Articles Which Will Be Found Convenient.

A baby's bathtub of enamelware or rubber.

A screen to protect the baby from drafts while he is being bathed. This may be made by draping a clotheshorse with a sheet.

Drying frames for underwear.

A low table and a low chair without arms to be used while bathing and dressing the baby.

A bath apron of Turkish toweling or flannel.

Scales for weighing the baby.

A bath thermometer.

The Baby's Bed.

A bassinette, box, or basket for the baby's first bed. A bed that can easily be moved about is a great convenience. Later a crib and baby carriage will be needed.

One mattress. This may be a pad of felt, or cotton, or hair (feathers are not advisable). Table or bed padding or a cotton blanket folded several times makes a good mattress, as it can be boiled in washing and hung in the sun to dry.

Rubber sheeting, 11 by 16 inches, or a rubber pillowcase, to protect the mattress.

Four quilted pads, 11 by 16 inches. (Place one over the rubber sheeting.)

Three small cotton sheets. Pillowcases may be used as sheets in the basket bed.

Two small warm woolen blankets.

Mosquito netting for use in the fly and mosquito season. The netting may be held down by elastic slipped over the bed or by running elastic through the hemmed edge of the netting.

Preparations for Delivery and Postnatal Care

The preparations for delivery and postnatal care (aftercare) will of course depend on whether the mother plans to have the delivery in a hospital or at home. If it is a first baby, and the mother's health is poor, or if there are few conveniences at home, it may be wiser to choose the hospital, provided there is a good one in the neighborhood.

If the mother plans to go to a hospital, she and her husband should, if possible, and by preference, select one that has a separate maternity ward with separate delivery room. They should find out beforehand what the cost will be and arrange for the accommodations they can afford. The hospital charges will not include the service of the private physician or special nursing care. The mother should also find out what clothing and toilet articles for herself and the baby she will need while in the hospital.

If the mother wishes to have her baby born at home and the doctor approves, it is advisable to have everything ready for the delivery by the seventh month. The ordinary supplies required for home delivery and postnatal care are given in the following list. The list should be checked over by the physician and the nurse, as some of the articles listed

might be considered unnecessary and others might be added. Items marked with a star particularly should be brought to the physician's attention, as he may not wish to have them provided.

Supplies for Home Delivery and Postnatal Care

All washable supplies in this list should be freshly laundered and put away in clean pillowcases until needed.

A supply of clean sheets (4), pillowcases (4), and blankets.

A supply of clean nightgowns (3).

A supply of clean washcloths (2), hand towels (6), and bath towels (2).

Three delivery pads. To make, cover 12 layers of opened-out sheets of newspaper with cheesecloth or clean old muslin or linen (clean white flour sacks may be used). The edges should be turned in all around and basted. When the pads are finished, scorch them with a hot iron, fold them with the ironed side in, and put them away in a clean, freshly ironed pillowcase.

One piece of rubber sheeting or white table oilcloth, $1\frac{1}{2}$ yards long and at least 1 yard wide, to protect the mattress. Newspapers may be used for this purpose if the rubber or oilcloth cannot be provided.

A sheet with which to drape the mother during delivery.

A pair of white cotton stockings to wear during delivery (the 10-cent variety will do).

*Two abdominal binders and two breast binders of unhemmed unbleached muslin.

Absorbent cotton in a new, unopened, sterile package.

Three dozen sanitary pads, either homemade of gauze and absorbent cotton, or purchased ready

made. To make, cut the cotton into pads 10 inches long, 4 inches wide, and 1 inch thick. Cut gauze into pieces large enough to wrap around pad and leave 2 or 3 inches at each end.

Two sanitary belts.

A bedpan.

Two large covered pans.

Two 10-inch enamel basins.

A soup ladle or dipper.

One quart jar or pitcher.

One enamel pail with cover (for placenta, or after-birth).

This may be used after delivery for diapers.

A hot-water bag.

A tube of white petroleum jelly.

Antiseptic for perineal cleansing as ordered by physician.

Two glass drinking tubes (desirable but not essential).

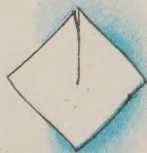
*One nail brush, one orange stick, and one unopened bar of soap to be used by physician in scrubbing hands.

One dozen gauze sponges. To make, cut a piece of gauze into a 16-inch square, fold and refold to make a sponge 4 inches square.

Five dozen cotton pledgets or balls. To make, roll a piece of cotton about the size of an egg into a ball and twist at loose end.

*Four 9-inch pieces of bobbin (very narrow cotton tape) to be used in tying the cord.

*One dozen 4-inch gauze or old linen squares to be used as cord dressings. Make these as the gauze sponges are made. In six of them cut a slit from one corner to the center.



A clean soft old blanket in which to receive the baby.

A supply of newspapers.

Sterilization of Supplies

Everything which comes in contact with the mother during delivery must be sterile—that is, free of germs. This is extremely important, as a lack of absolute cleanliness at this time may result in puerperal septicemia (childbed fever) or some other infection. Infection at childbirth is almost always preventable, and no reputable physician or midwife will neglect any of the precautions necessary to prevent it.

The following articles in the above list *must be sterilized*:

- Sanitary pads, whether homemade or purchased ready made
- Gauze sponges
- Cotton pledgets
- Cord ties and dressings
- Six hand towels

Obstetrical or delivery supplies already sterilized and wrapped in sterile packages may sometimes be purchased from surgical supply houses. If the mother wishes to purchase sterile supplies, she should ask her physician where they may be obtained.

In preparing supplies for sterilization, divide them as follows:

Sanitary pads (36)	Six to a package
Gauze sponges (12)	Six to a package
Cotton pledgets (60)	12 to a package
Hand towels (6)	In one package
Gauze squares (8), four with slits and four without	In one package
Gauze squares (4), two with slits and two without, and cord ties (4)	In one package

Use muslin to wrap articles, and fasten each package with common pins with the points inside. Mark each package on the outside with a list of the contents.

Wrap the package in newspaper and bake it for $1\frac{1}{2}$ to two hours in a slow oven until the newspaper

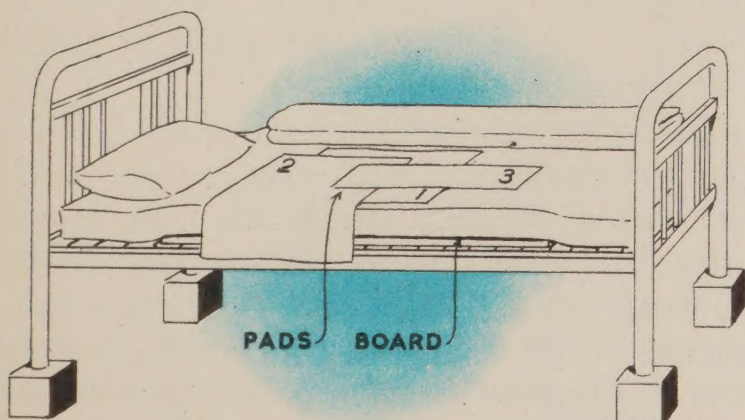
is well browned. Then put the package away unopened in a clean, dry place until its contents are needed. If the articles are not used for one month after sterilization, they must be sterilized again. In an emergency, sterilization may be done by scorching the article with a hot iron. The visiting nurse will show you how to do this and will also explain any part of the process of sterilization which is not clear to you. Or she may be able to arrange to have the supplies sterilized at a hospital.

Preparing the Room for the Delivery

Select the quietest, sunniest, and best-ventilated room available. Unnecessary furniture should be removed from the room, but to hold needed articles a table, bureau, or wooden chairs should be provided. The floor should be protected with newspapers or linoleum.

A single bed is best for the confinement. If it is low it should be raised on wooden blocks so that the mattress is 30 inches from the floor. This will be of great help to the doctor during the delivery and to the nurse in caring for the patient afterwards. A board placed between the mattress and springs will keep the mattress from sagging at the time of delivery.

In preparing the bed for the delivery, first cover the mattress with rubber sheeting, oilcloth, or newspapers. Spread the bed sheet over this covering,



draw it tight, and tuck it in securely under the mattress. On top of the sheet place three delivery bed pads. The first one should be so arranged that it may be left on the bed after the patient has been delivered, bathed, and made comfortable. The second pad is placed crosswise on top of the first one; it should extend from below the patient's groin up to the pillow and hang over the side of the bed. The third pad is placed lengthwise, slightly overlapping the lower edge of the second pad and extending below the field of delivery. It provides a place for the baby before the cord is cut. The top sheet, blanket, and spread should be folded or "fanned" back to the far side of the bed.

What to Do When Labor Begins

Labor usually begins with pains in the back which in time turn into regularly recurring cramplike pains in the lower abdomen. Gradually the intervals between pains grow shorter and the pains increase in strength. At the beginning of labor there may be a slight watery or blood-stained discharge. Sometimes the bag of water surrounding the baby breaks before labor begins, but this does not usually happen until several hours after the first pains. The physician should be notified immediately on the first indication of labor. If arrangements have been made for hospital delivery, the physician will usually advise the patient to go to the hospital. If delivery is to take place at home, notify the nurse or neighbor who will assist the doctor.

As the doctor cannot hasten the progress of labor, he does not usually find it necessary to stay with the mother during the early stages. He will, however, give instructions concerning all necessary details of care and will remain within easy call.

To pass the time between pains at the beginning of labor the physician usually permits the mother to keep occupied if she wishes to do so. She may walk

about, sit in a chair, lie down, or sleep if she can. She may take light nourishment if she is hungry. When the intervals between pains grow shorter the mother should take a warm sponge bath, put on a clean nightgown, wrapper, and slippers and, if she has long hair, arrange it in braids tied securely at the tips.

At the beginning of labor the mother's bed should be prepared and the room arranged for the delivery (see page 37). Remove everything from the table and bureau and cover the tops with newspapers or oilcloth. Protect the floor with newspapers or linoleum. Lay out all the supplies needed for the delivery, but do not open the sterile packages. Place the pail with cover in a convenient place to receive the placenta (afterbirth).

Prepare the baby's bed. Place in it a hot-water bottle, hot iron, or hot brick wrapped in the receiving blanket for the baby in order to warm both the bed and blanket. Remove before placing the baby in bed. Lay out one set of baby clothes, including an abdominal binder. The baby's toilet tray should also be arranged for use (see page 31).

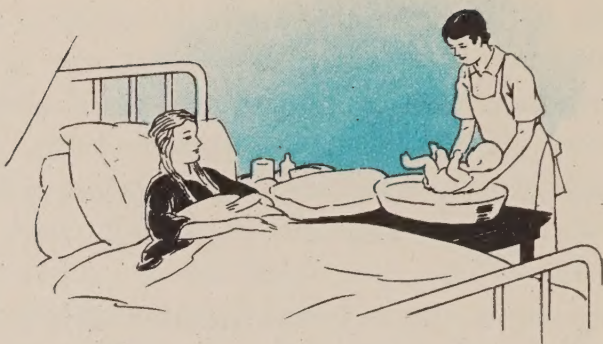
The doctor will need plenty of boiled water before and during the delivery. As labor progresses, fill two large kettles with water, place a soup ladle or dipper in one, cover both kettles, and boil for 10 minutes. Keep one kettle hot and let the other cool. Do not remove the covers.

Place scissors, orange stick, and nail brush in a basin ready to boil. After boiling, pour off the water and leave these articles in the covered basin.

Postnatal Care

Care of the Mother

Arrangements should be made for good nursing care during the lying-in period. The Metropolitan Nurse does not assist during the delivery, but after delivery she will pay a certain number of home visits



to give nursing care and instruction to mothers who are Metropolitan policyholders and have had their policies six months (see page 10, under heading "The Nurse").

For the first few days after delivery the mother should have complete rest and quiet. It is important that she stay in bed as long as the physician advises. As it commonly takes from five to six weeks for the uterus to return to its original size and position, it is best not to resume full activity until six weeks after delivery. During this time the mother needs help with her household duties, especially if there are young children, and should arrange if possible for the services of a working housekeeper or of some relative or friend. The nurse will instruct this helper in simple nursing procedures to be carried out between the nurse's visits.

The physician usually wishes to make a complete physical examination of the mother six weeks after confinement and, again, three months after confinement in order to find out whether all her organs are in good condition.

Care of the Baby

Immediately after the baby is born, the doctor will put drops of a 1 percent solution of silver nitrate in each eye in order to kill any germs which may have entered the eyes during birth. This medicine, which the doctor will provide, prevents in most cases a disease called "baby's sore eyes," an infection

which causes a great deal of infant blindness. The parents should make sure that the doctor or midwife gives this treatment to the newborn baby. In nearly all places it is required by law, primarily as a measure for the control of gonorrheal infection.

The cord is dressed by the doctor who uses a square of sterile gauze with a slit cut in it through which the stump of the cord is passed. This square is folded back over the cut end of the cord, or a second square is placed over the cut end. The dressing is held in place by the abdominal binder. Only the doctor or the nurse should change the binder and dressing.

The newborn baby's skin is covered with a cheeselike substance which is more easily wiped off if the skin is first oiled with mineral oil. The doctor or nurse clears the mucus out of the baby's mouth with the little finger wrapped in moist sterile cotton. The baby's mouth should not be washed out.

Registering the Birth

In all States of the United States, the physician, midwife, or other attendant at the birth of a baby is now required by law to report the birth to the proper local authority. This is called registering the birth. A birth certificate is necessary in order to prove the child's age and citizenship, his right to go to school, his right to go to work, to inherit property, to marry, to hold political office, to obtain a passport for travel in other countries, and, if his mother becomes a widow, to prove her right to a pension. If you are not sure that your child is registered, write to the State Board of Health at your State Capitol. If the board has no record of the birth, a blank will be sent you to fill out and return.

Nursing the Baby

Whenever possible a mother should nurse her baby, as nothing can take the place of mother's milk.

Even partial breast feeding is better than none at all. Statistics show that breast-fed babies have a considerable advantage over those partly breast fed, and a great advantage over those entirely bottle fed.

Usually milk does not come into the mother's breasts for two or three days after the baby's birth. The first secretion from the breasts is called *colostrum*. This has a valuable laxative effect on the baby. The baby is usually put to the breast for about five minutes 12 hours after delivery. Early nursing stimulates the breasts to secrete milk and the baby is trained early to nurse. If the mother has more milk than she needs for the baby, she should consult the doctor about extracting it until the flow becomes normal.

The care of the breasts during the nursing period is very important. They should be washed with boiled water before and after each nursing, and the nipples should be protected between nursings with clean linen. Any injury to the breasts or cracking of the nipples should be at once reported to the physician.

During the nursing period the mother should not only eat a good selection of food in order to meet her own normal food requirements, but also enough food to produce sufficient milk of good quality. Not eating enough is sometimes the cause of a mother's inability to nurse her baby. *Usually the mother should begin to go on a full diet 24 hours after delivery.*

The kind of food required during the nursing period is the same as that required during the prenatal period (see page 12). The amount is from one third to one half more than the ordinary requirements of the individual. In order to eat this much food with the most comfort, five small meals daily in place of three large ones are suggested. They should be eaten at regular times, however; 15 or 20 minutes before the midmorning and midafternoon nursing periods are good times for the extra meals.

The following additions to the sample menu on pages 13 and 14 will give approximately one third more food:

One extra slice of whole-wheat bread and butter at breakfast and lunch.

For the extra food to be eaten before nursing time:

One cup cocoa (made with whole milk), or an eggnog, and four whole-grain crackers.

Three quarters cup cereal with one half cup top milk and one teaspoonful sugar.

For one half more food, add to the above:

Three or four dates or two dried figs.

Four crackers with one tablespoonful cream cheese and one tablespoonful of jelly.

Remember

That your own future health and the health of your baby depend upon the care you take of yourself during pregnancy.

That pregnancy need not be dreaded, and that it should be a time of joyous expectancy and physical and mental well-being.

That nursing your baby is the finest health insurance you can give him.

That infancy should and can be as healthy as any other period of life (the Metropolitan booklet *The Baby* gives details of infant care).

That competent medical care is essential from the beginning of pregnancy until the baby is six weeks old.

That a public health nurse can do much to help you carry out the doctor's instructions before and after the baby is born.

If you are a Metropolitan Industrial or Intermediate policyholder or a Group certificate holder and live in a community where Metropolitan Nursing Service is available, tell your physician about this service on your first visit and ask the Nurse to call.

NOTES

NOTE: The first three pages should be used for nurse's notes to mother. Give date of visit and date of expected return.

Things for the
 nightgowns - 4/
 Kotex large boxes - 3
 sheets - 3
 pillow cases - 2 pr.
 towelings - 4 yds.
 lysol - small - 1
 rubber sheet red. - 1
 house slippers
 bed jacket
 Towel for binder - 1

Pads 3
 open
 newspapers
 this way
 ← to this way
 → to this way
 covers with
 muslin or
 outing.
 stitch around
 the edges and
 in the middle

NOTES

Things for Baby.

Band - 9
Gowns - 6
Slips - 6
Stockings - 3 pr.
Diapers - 2 doz.
Shirts - 4
Blankets - 5
Powder
Soaps
Wash cloths - 2 Towel - 1
pins 1 small pack - 1 large pack
mercurio antiseptic oil
Bottles - 3 4 oz.
nipples - 2
Diaper linings - 75
Cotton
Basin
Boric acid

NOTES

NOTES

NOTES

